Bureau of Health Care Quality and Compliance

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | NVS108AGC | A. BUILDING _____ B. WING _____ | C 03/01/2011 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| CHARLESTON RESIDENTIAL CARE HOTEL | 2121 W CHARLESTON BLVD LAS VEGAS, NV 89102 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
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| Y 000 | Initial Comments<br><br>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.<br><br>This Statement of Deficiencies was generated as a result of a complaint investigation conducted on your facility from 10/20/10 through 3/1/11. This investigation was conducted by the authority of NRS 449.150, Powers of the Health Division.<br><br>The facility is licensed for 129 Residential Facility for Group beds for elderly and disabled persons, Category I residents. The census at the time of the survey was 121. Two resident files were reviewed and zero employee files were reviewed.<br><br>Complaint #NV00026750:<br><br>The allegation regarding inappropriate infection control practices was not substantiated due to the appropriate actions taken by the facility related to the outbreak of illness.<br><br>The investigation included:<br><br>- Policies and procedures related to the facility's infectious disease control program were reviewed to ascertain if staff took appropriate actions to stop the spread of infection within the facility's population.<br><br>- Interviews were conducted with residents and facility staff revealing that policies procedures were followed to limit the spread of infectious disease among residents and staff. | Y 000 | | |

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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| Y 000 | Continued From page 1<br>- Hospital and facility records were reviewed that indicated the affected residents had obtained appropriate medical care.<br><br>- Training records were obtained and reviewed to determine if staff had been adequately trained in recognizing the signs and symptoms of an infectious disease outbreak.<br><br>The allegation regarding physical environment was substantiated. See TAGs Y0174 and Y0307. An additional deficiency was identified during the investigation. See TAG Y0624. | Y 000 | | |
| Y 174 SS=D | 449.209(4)(a) Health and Sanitation-Offensive odors<br><br>NAC 449.209<br>4. To the extent practicable, the premises of the facility must be kept free from:<br>(a) Offensive odors.<br><br>This Regulation is not met as evidenced by:<br>Based on observation and interview on 12/28/10 and 12/29/10, the facility failed to ensure the bedroom for 1 of 121 residents was free of offensive odors (Bedroom #113 - Strong odors of urine and feces emanated from Resident #3's bed which was covered with incontinent pads soaked with urine and stained with feces.)<br><br>Severity: 2 Scope: 1 | Y 174 | | |
| Y 307 SS=D | 449.218(6) Bedrooms - Beds and Bedding<br><br>NAC 449.218<br>6. A separate bed with a comfortable and clean | Y 307 | | |

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| Y 307 | Continued From page 2<br>mattress must be made available for each resident. The bed must be at least 36 inches wide. Two clean sheets, a blanket, a pillow and a bedspread must be available for each bed. Linens must be changed at least once each week and more often if the linens become dirty. Additional bedding, including protective mattress covers, must be provided if necessary.<br><br>This Regulation is not met as evidenced by:<br>Based on observation and interview on 12/28/10 and 12/29/10, the facility failed to provide 1 of 121 residents with clean bedding (Resident #3's mattress was covered with stained incontinent pads).<br><br>Severity: 2 Scope: 1 | Y 307 | | |
| Y 624 SS=G | 449.2702(5) Admission Policy<br><br>NAC 449.2702<br>5. A person may not reside in a residential facility if the person's physician or the Bureau determines that the person does not comply with the requirements for eligibility.<br><br>This Regulation is not met as evidenced by:<br>Based on interviews and observation on 12/29/10 through 3/1/11, the facility failed to ensure 1 of 121 residents met the requirements for eligibility for a Category I facility (Resident #3).<br><br>Findings include:<br><br>The facility is currently licensed as a Category I | Y 624 | | |

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| Y 624 | Continued From page 3<br><br>facility for 129 ambulatory elderly and/or disabled residents. To be eligible to live at the facility, a resident must be able to ambulate within the facility without assistance. If the resident uses an assistive device such as a walker or wheelchair, the resident must be able to transfer themselves to the device from their bed or seat without assistance.<br><br>Employee #5 stated that during a fire drill conducted at 9:30 AM on 12/29/10, Resident #3 was found laying in bed and a caregiver had to transfer resident #3 to a wheel chair and out of the building. Employee #4 reported that although Resident #3 can transfer himself from this bed to his wheel chair, he is not capable of doing this and then exiting the facility within four minutes on his own.<br>Resident #3 has lived at the facility since 1/23/07 with diagnoses of a right knee amputation, diabetes, hypertension, functional debility, and depression. The resident also requires assistance with his activities of daily living and used a wheel chair for mobility. The Physician's General Assessment completed on 1/7/10 indicated that the resident was diagnosed with diabetes, hypertension, depression and severe hearing loss. The resident also required the use of a wheel chair and a hearing aid.<br><br>Resident #3 was observed sitting in his wheel chair in his room on 12/29/10 and his right leg was amputated below the knee. Resident #3 was very difficult to interview due to severe hearing loss. The resident reported he does not use the numerous prosthetic legs that were stored in the corner of the room. Resident #3 confirmed that a caregiver had to provide him with assistance moving from his bed to his wheel chair and out of the facility during a fire drill conducted on | Y 624 | | |

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| Y 624 | Continued From page 4<br><br>12/29/10 at 9:30 AM.<br>On 3/1/11 at 9:15 AM, a phone interview was conducted with Resident #3's social worker (Interviewee #2). Interviewee #2 stated the resident is a Category II resident and should be transferred to a higher level of care. She recommended the facility evaluate the resident and assist with a transfer to an appropriate facility.<br>The facility is not licensed to care for non-ambulatory residents.<br><br>Severity: 3 Scope: 1 | Y 624 | | |